

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



7090 11/02/2010 2 14 PM Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

_				J				
<u>A_</u>	For the 2009		ear, or tax year beginning, and ending					
В	Check if applicable		C Name of organization		D Emplo	yer identification number		
	Address change	use IRS	LONE TREE INC.					
\equiv	Name about	label or print or	Doing Business As		85-0285251			
ᆜ	Name change	type.		Room/suite	E Telephone number			
	Initial return	See	· · · · · · · · · · · · · · · · · · ·	noonvadile				
\equiv	Termination	Specific	BOX 713		3/3	-354-3322		
\sqsubseteq	remination	Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	pts\$ 1,107,998		
	Amended return	tions.	CAPITAN NM 88316					
	Application pendi	no F Name	and address of principal officer		H(a) Is this a	group return for		
لـــا	ppd.	" Ti	m Worrell		l affiliate	s? Yes X No		
		PO	Box 713		H(b) Are all include	affiliates Yes No		
		i i	pitan NM 88316			• 🗀 📖 -		
_			<u> </u>		li NO,	attach a list (see instructions)		
<u> </u>	Tax-exempt s							
J	Website: 🕨		lonetree.org		H(c) Group	exemption number		
_	Type of organiza			ar of formation		M State of legal domicile		
<u>_</u> F	Part I	Summa	ry					
	1 Briefly	y describe t	he organization's mission or most significant activities					
_	نا ا	•	teaching in a camp environment.					
_ ક	~-	211041	codoning in a camp curriculation.					
žĔ								
-₽								
<u>-ò</u>	2 Chec	k this box 🕨	If the organization discontinued its operations or disposed of more than 25%	of its net asse	ets			
_G	3 Numb	er of voting	members of the governing body (Part VI, line 1a)		3	8		
_w ∐o	4 Numb		endent voting members of the governing body (Part VI, line 1b)		4	6		
∵≣	E Total	·-	employees (Part V, line 2a)		5	104		
∷≧	5 Total				 	104		
ΠĄ	6 Total		volunteers (estimate if necessary)		6			
=	7a Total	gross unre	lated business revenue from Part VIII, column (C), line 12 siness taxable income from Form 990-1 line 34-1 V L D		7a			
_	b Netu	nrelated bu	siness taxable income from Form 990-T, line 34-1 V LU		7b	0		
3	1		1.1 181 -	Prior Ye		Current Year		
ָה הַל	8 Contr	ibutions an	d grants (Part VIII, line 1h)	24	2,415	189,661		
ž	9 Progr	am service	revenue (Part VIII, line 2g)	1,34	0,006	913,489		
Revenue Activities & Governance	10 Inves	tment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		1,438	3,162		
æ	11 Other		Part VIII, column (A), lines 5, 6d, 8c, 9c 10c and Ne) UT		809			
				1 50	0,983	1,107,121		
	$\overline{}$		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,50	0,363	1,107,121		
	13 Gran	ts and simil	ar amounts paid (Part IX, column (A), lines 1-3)					
	14 Bene	fits paid to	or for members (Part IX, column (A), line 4)					
S	15 Salar	ies, other c	ompensation, employee benefits (Part IX, column (A), lines 5-10)	59	6,275	541,978		
enses	16a Profe	ssional fun	draising fees (Part IX, column (A), line 11e)					
jec	b Total		g expenses (Part IX, column (D), line 25) ▶ 13,773		_			
Expe	17 Othor	_	(Part IX, column (A), lines 11a–11d, 11f–24f)	82	6,659	597,018		
	1 0	•	· · · · · · · · · · · · · · · · · · ·		2,934	1,138,996		
	1	•	Add lines 13–17 (must equal Part IX, column (A), line 25)					
	19 Reve	nue less ex	openses Subtract line 18 from line 12		8,049	-31,875		
S 0				Beginning of Cu		End of Year		
sset	檀 20 Total	-	rt X, line 16)		6,930	1,844,239		
Net Assets or	21 Total	liabilities (l	Part X, line 26)		7,839	117,023		
ž,	한 22 Neta	ssets or fu	nd balances Subtract line 21 from line 20	1,75	9,091	1,727,216		
	Part II	Signate	re Block		<u> </u>			
_			· / · · · · · · · · · · · · · · · · ·	l statements, and	to the heet o	f my knowledge		
		and benef	liles of perjury, I declare that I have exampled this return, including accompanying schedules and t is true, flogrect, and complete. Declaretion of preparer (other than officer) is based on all informa	ation of which pre	eparer has an	y knowledge		
٥.		$\mathcal{A}_{\mathcal{U}}$	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$		1 1/	1/02/10		
	ign	I	Must / / Ubruly			10-11		
H	ere	Signati	ure of officer Time H The becall (rice)		Date	, ,		
	ļ		Timothy I Worrell Viesiden	<u> </u>				
		Туре с	r print name and title					
			Date Date	Check	r if	Preparer's identifying number		
Pá	aid	Preparer's		. self-		(see instructions)		
	reparer's	signature	Forms 1 Fork CAT 11/02	/10 emplo	yed ▶ L	<u> </u>		
	se Only	Firm's nami	Ronnie L. Hemphill, PC, CPA's		EIN	<u> </u>		
U	se Only	if self-emple			Phone			
	ļ	address, ar			no	575-258-5559		
NA-	av the IRS de	scuss this r	eturn with the preparer shown above? (see instructions)			X Yes No		
_			erwork Reduction Act Notice, see the separate instructions.		_			
DA		. anu rape	arrork reduction not notice, see the separate instructions.		_	Form 990 (2009)		

Form 990 (2009) LONE TREE INC.		35-0285251	Page 2
Part III	Statement of Program Ser			
1 Briefly de	scribe the organization's mission			
Biblic	al teaching in a	camp environment.		
2 Dud the er	anniantan unda dalla anu annifera			
	ganization undertake any significat Form 990 or 990-EZ?	nt program services during the year which wer	re not listed on	□ v (V) ∧
•	escribe these new services on Sch	nedule O		Yes X No
		ake significant changes in how it conducts, an	ny program	
services?		and organization and region in flow it contacts, and	y program	Yes X No
If "Yes," d	escribe these changes on Schedul	e O		
4 Describe	the exempt purpose achievements	for each of the organization's three largest pro-	ogram services by expenses	
Section 5	01(c)(3) and 501(c)(4) organization	is and section 4947(a)(1) trusts are required to	o report the amount of grants and	
allocation	s to others, the total expenses, and	l revenue, if any, for each program service rep	ported	
	· · · · · · · · · · · · · · · · · · ·	040 005		
4a (Code		942,085 including grants of \$) (Revenue \$)
to tea	ch campare biblio	g a variety of activit al principles, spiritu	les designed	
lesson	g and team work	Over 4,400 individua	ar object la utilizad	
	cilities in 2009.			ere made to
Mexico		in addition, bhoic c	cim mission clibs we	sie made co
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
			•	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
•	, , ,		, (,
				·
	gram services (Describe in Sched	,	_	
(Expense		ncluding grants of \$) (Revenue \$)
4e lotal pro	gram service expenses ▶	1,094,877		

Form 990 (2009) LONE TREE INC. 85-0285251 Page 3 **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II X 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D. Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 12A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\mathbf{x}_{-}
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		Ī	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	\Box		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1 1		l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		_ -
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ĺ
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If Tes, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-30		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	⊢ ³1		
32	Schedule N, Part II	32		Х
22	,	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			.
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
•-	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		,,	l
	19? Note. All Form 990 filers are required to complete Schedule O	38	X n 990	<u> </u>

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	0	ļ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u></u> .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable				
	gaming (gambling) winnings to prize winners?	ır		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	104	1		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s ⁷		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				:	
20	Instructions)	h				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	ьу		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ithority		100		_
	over, a financial account in a foreign country (such as a bank account, securities account, or other final	-				
	account)?			4a		х
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	ank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	dıng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	,				
	organization solicit any contributions that were not tax deductible?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or				
7	gifts were not tax deductible? Organizations that may receive deductible contributions under coetion 170/e)			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ode				
а	and services provided to the payor?	ous		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		\vdash
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		· · ·		
-	required to file Form 8282?	,		7c	}	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a				· · ·
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	rsonal		1		
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		l		
	required?			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				ļ	
_	organization, have excess business holdings at any time during the year?			8	├	
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b	†	
b 10	Section 501(c)(7) organizations. Enter			90		\vdash
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	1	}	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	1	
11	Section 501(c)(12) organizations. Enter			1		
а	Gross income from members or shareholders	11a		_	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			7	1	
	amounts due or received from them)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	0417	r	12a	<u> </u>	<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			Щ_	
				For	m 99 0	(2009)

7090 11/02/2010 2 14 PM Form 990 (2009) LONE TREE INC. 85-0285251 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Does the organization have local chapters, branches, or affiliates? X 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b

Section C. Disclosure

with a taxable entity during the year?

17 List the states with which a copy of this Form 990 is required to be filed > NM

the organization's exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

Own website X Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Timothy Worrell 203 Smokey Bear Blvd

NM 88316

575-354-3322

16a

Capitan

X

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section.A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	did not comper	nsate	any	curr	ent d	office	r, dı	ector, or trustee		
(A) Name and Title	(B) (C) Average Position (check all that apply)					hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	: hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Timothy Worrell	40.00	1						F2 F00		00 541
President/CE	40.00	X		Х	_	 		73,520	0	20,541
Charlene Worrell Sec./Cook	40.00	x		x				29,090	0	5,220
Scott Congdon	40.00	<u> </u>		Λ				29,090		3,220
		\mathbf{x}					1	_	1	l
Director		╀≏		-		├	_	0	0	
Harry Jones Vice Pres		x		x			ļ	o	0	l c
Brian Stokes			-	^		\vdash	-			
Director		x						o	lo	l
Jerry Severson		 			-	\vdash				<u>`</u>
Director		x						0	0	
Steve McClain	·	 		-	1	\vdash				
Director		$ \mathbf{x} $						0	0	l
Mike Timmons					Ι					
Director		X						0	0	Ì
										
					 	-				

Part VII	(A) Name and Title	(B) Average hours per	Pos	ition ((C	C) kalit	hat ap	oply)	Highest Compensated E (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
,		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ol compe froi orgar and i	other compensation from the organization and related organizations			
											-				
															
							_						·		
 -															
	number of individuals (in	•			hose	l e list	ed al	▶ bove	102,610 b) who received more than S			25,	761		
3 Did t		ormer officer, dire	ector	or tr					vee, or highest compensate	d		Yes			
4 For a	rganization and related o	e 1a, is the sum o	of rep	oorta	ble o	com	pens	atıor	n and other compensation f s," complete Schedule J for		4		X		
5 Did a servi		nization? If "Yes,"							unrelated organization for such person		5		х		
1 Com	plete this table for your fiv pensation from the organi	ve highest compe zation	ensa	ted in	ndep	end	ent c	ontra	actors that received more th			(C)			
	Name and	(A) d business address							Descrip	otion of services		(C) Compensa	ation		
								1							
	-					•									
	I number of independent than \$100,000 in compe						ed to	thos	se listed above) who receive	ed		0 orm 99 (0.45		

Pa	Part VIII Statement of Revenue												
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
S S	18	Federated campaigns	1a			revenue		312, 513, 01 314					
E		Membership dues	1b				ľ						
gë.		Fundraising events	1c	63,951									
ar a		Related organizations	1d										
S.E.		Government grants (contributions)	1e										
t s		All other contributions, gifts, grants,											
호		and similar amounts not included above	1f	125,710	ļ								
ig g	g	Noncash contributions included in lines 1a-											
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f			189,661								
en		<u> </u>		Busn Code									
ven	2a	Program Service Rev	enue		913,489	913,489							
8	b												
Ş	c												
Ser	d												
ᇤ	е												
ogr	f	All other program service rever	nue										
P	9	Total. Add lines 2a-2f		>	913,489								
	3	Investment income (including of	dividends, int	erest, and									
		other similar amounts)		▶	580	580							
	4	Income from investment of tax-	exempt bone	d proceeds 🕨									
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	>									
		(ı) Real		(ii) Personal									
	6a	Gross Rents											
	b	Less rental exps											
	C	Rental inc or (loss)											
	d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) (
	10	sales of assets (i) Securities	S	(II) Other									
		other than inventory		3,459									
i	b	Less cost or other											
		basis & sales exps		877									
i	C	Gain or (loss)		2,582									
	d	Net gain or (loss)			2,582	2,582							
စ္	8a	Gross income from fundraising ever	nts										
ē		(not including \$											
æ		of contributions reported on line 1c)											
Other Revenu		See Part IV, line 18	a										
ğ		Less direct expenses	b										
		Net income or (loss) from fund		is •									
	9a	Gross income from gaming activities											
	١.	See Part IV, line 19	. a										
		Less direct expenses	b										
		Net income or (loss) from gam	ing activities										
	10a	Gross sales of inventory, less returns and allowances	_										
	١ ,	Less cost of goods sold	a b										
		Net income or (loss) from sale											
	۳-	Miscellaneous Revenue		Busn. Code		 		 					
	11a				809	809							
	b	Acties Weaching											
	ء ا												
	ď	All other revenue		<u> </u>									
	e	Total. Add lines 11a-11d			809								
	12_	Total Revenue. See instruction	ns	<u>></u>	1,107,121	917,460	0	0					

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		omplete column (A) but ar (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	-			
3	organizations, and individuals outside the		1		
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		*		
	trustees, and key employees	73,520	43,520	20,000	10,000
6	Compensation not included above, to disqualified			······································	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	380,552	380,552		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	53,304	42,834	7,676	2,794
9	Other employee benefits				
10	Payroll taxes	34,602	30,953	2,670	979
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				<u> </u>
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				·
13	Office expenses				
14	Information technology	· -			
15	Royalties	65 145	65.45		
16	Occupancy	67,147	67,147		
17	Travel	2,314	2,314		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,492	2 402		
19	Conferences, conventions, and meetings	42	2,492		
20	Interest		42		-
21	Payments to affiliates	109,272	109,272	-	·
22	Depreciation, depletion, and amortization Insurance	98,187	98,187		
23	Historiance [30,107	30,10/		
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Supplies	126,379	126,379		
b	Repairs	56,449	56,449		
c	Program Costs	39,716	39,716		
d	Auto Expense	29,455	29,455	 	
e	Livestock Purchases	18,418	18,418		
f	All other expenses	47,147	47,147		
25	Total functional expenses. Add lines 1 through 24f	1,138,996	1,094,877	30,346	13,773
26				22,020	

<u>Part</u>	X Balance Sheet	(4)		(P)
	,	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	33,155	1	13,848
2	Savings and temporary cash investments	127,280	2	98,340
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,522	4	13,518
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
İ	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
l	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	ĺ	į	
.	Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	2,910	8	2,910
و ۲	Prepaid expenses and deferred charges		9	
10	Land, buildings, and equipment cost or			
1	other basis Complete Part VI of Schedule D 10a 2,656,			
t	Less accumulated depreciation 10b 944,	512 1,694,365	10c	1,711,925
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	3,698	15	3,698
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,866,930	16	1,844,239
17	Accounts payable and accrued expenses		17	18,053
18	Grants payable		18	
19	Deferred revenue	36,415	19	40,624
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
21 22 10 10 10 10 10 10 10 10 10 10 10 10 10	employees, highest compensated employees, and disqualified		ļ	
ڈ	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	71,424	25	58,340
26	Total liabilities. Add lines 17 through 25	107,839	26	117,023
2	Organizations that follow SFAS 117, check here ▶ X and			
을	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,759,091	27	1,727,216
<u> </u>	•		28	
29	,		29	
2	Organizations that do not follow SFAS 117, check here ▶			
5	and complete lines 30 through 34.			
30	·		30	
31			31	
Net Assets of Tund Dalances 22 29 30 31 32 33 34			32	
<u> 5</u> 33	Total net assets or fund balances	1,759,091	33	1,727,216
Z 3 <u>4</u>	Total liabilities and net assets/fund balances	1,866,930	34	1,844,239

Form **990** (2009)

orm	n 990 (2009) LONE TREE INC. 85-0285251		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	I if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LONE TREE THE

Employer identification number

			LONE TREE IN	<u>C.</u>			_		85-	-028	5251		
Р	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this p	art.) S	See in:	structi	ons.		
ſhe	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	neck only	one box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)	(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(II). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b)(1)(A)(ii	i).						
4				In conjunction with a hospital d				1)(A)(iii)). Enter	the hos	pital's name.		
		city, and state		•			` ^	,,,,,	,		,		
5		An organizati	on operated for the benefit o	f a college or university owned o	or operate	d bv a go	vernmer	ntal unit	describi	ed in			
			b)(1)(A)(ıv). (Complete Part I			, 3-							
6		•		overnmental unit described in se	ction 170	(b)(1)(Δ)	'v)						
7	П			substantial part of its support from				om the c	ieneral i	nublic			
			section 170(b)(1)(A)(vi). (Co		a govo.	, in contact t	21110	J.11 1.10 g	jeriorar	public			
8				70(b)(1)(A)(vi). (Complete Part II	1 \								
9	X												
	لــا			pt functions—subject to certain									
				d unrelated business taxable inc									
), 1975 See section 509(a)(2).	-		o i i iax,	nom bu	31110330	3			
10				exclusively to test for public safe		,)(a)(A)						
11	H			exclusively for the benefit of, to p				o carn	out the				
	ш			ed organizations described in se						ection			
				e type of supporting organizatio									
		a Type		c Type III–Functiona			d [_	e III–Oti	nor			
е				anization is not controlled directly	, ,		L			101			
	لـــا			and other than one or more publ						ection			
			section 509(a)(2)	, , , , , , , , , , , , , , , , , , , ,	,								
f				rmination from the IRS that it is a	a Type I. T	vne il. or	Type III	support	ına				
			check this box			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9				\Box
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contribu	tion from a	any of the	.						Ш
Ŭ		following per		, , ,		,							
				ntrols, either alone or together w	uth persor	ns describ	oed in (ii)	,				Yes	No
				the supported organization?							11g(i)	1	
			member of a person describ	• • •							11g(ii)		
			ontrolled entity of a person d								11g(in		
h			following information about the								<u></u>	п	
(1) Nam	e of supported	(II) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) I	s the	(VII) Am	nount of	
	org	ganization		(described on lines 1-9		sted in your		ization in	organizat		sup	port	
				above or IRC section	governing	document?	col (i)	or your oort?	(i) organı U S				
				(see instructions))	Yes	No	Yes	No	Yes	No			
		-											•
		 											
	· ·			1-11-1			·						
							<u></u>		-				
Tot	al]						

Pa	rt II Support Schedule for Or				(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box	<u>on line 5, 7, o</u>	r 8 of Part I.)	·			
	tion A. Public Support		· · ·					
Cal	endar year (or fiscal year begınning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1	f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10							
	Gross receipts from related activities, etc. (non instructions)	1	<u> </u>	L	1	_	
12 13	First five years. If the Form 990 is for the c	· ·	cocond third for	oth or fifth tay year	as a spotton 501/		- 1	
13	organization, check this box and stop here	-	, second, uma, loc	itili, oi ilitii tax yeal	as a section sort	,)(3)		▶ [
Sec	tion C. Computation of Public Su		age					
14	Public support percentage for 2009 (line 6,	·	····	in (f))	100	1	4	%
15	Public support percentage from 2008 Sche	• • •	•	(1))		<u> </u>	5	%
16a	33 1/3 % support test—2009. If the organi			13, and line 14 is 3	3 1/3 % or more o		<u> </u>	
	and stop here. The organization qualifies				0 170 70 01 more, 0	TOOK THE COX		▶ □
b	33 1/3 % support test—2008. If the organi	, , , , ,	· ·		5 is 33 1/3 % or me	ore, check this		,
_	box and stop here. The organization quali				5 15 55 175 75 51 till	, or		▶ [
17a	10%-facts-and-circumstances test—2009	•	• • •		a, or 16b, and line	14 is 10% or		
	more, and if the organization meets the "fa	•						
	organization meets the "facts-and-circums"							▶ [
b	10%-facts-and-circumstances test—2008		,				r	. 1
	more, and if the organization meets the "fa	-						
	organization meets the "facts-and-circums							▶ [
18	Private foundation. If the organization did		-	· ·	· · · -			▶ [
								

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box c	on line 9 of Par	<u>t l.)</u>			
	tion A. Public Support					 	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	237,697	296,214	304,134	204,936	189,661	1,232,642
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,226,907	1,033,090	1,161,960	1,340,006	913,489	5,675,452
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,464,604	1,329,304	1,466,094	1,544,942	1,103,150	6,908,094
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received	Í					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	etion B. Total Support				<u>.</u>		6,908,094
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,464,604	1,329,304	1,466,094	1,544,942	1,103,150	6,908,094
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155	312	934	1,775	580	3,756
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	155	312	934	1,775	580	3,756
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	24	13,149	2,715		809	16,697
13	Total support. (Add lines 9, 10c, 11, and 12)	1,464,783	1,342,765	1,469,743	1,546,717	1,104,539	6,928,547
14	First five years. If the Form 990 is for the conganization, check this box and stop here	<u> </u>		h, or fifth tax year a	as a section 501(c))(3)	▶ [
Sec	ction C. Computation of Public Su	<u> </u>	<u> </u>				
15	Public support percentage for 2009 (line 8,	• • •	•	(f))		15	99.70%
16	Public support percentage from 2008 Sche				<u> </u>	16	99.56%
	ction D. Computation of Investmen						
17	Investment income percentage for 2009 (lin			column (f))		17	<u>%</u>
18	Investment income percentage from 2008			14 and line 45 ce =	noro than 20 1/0 0/	18	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	ox and stop here. T	The organization qu	ualifies as a publici	ly supported organ	ızatıon	▶ 2
b	33 1/3 % support tests—2008. If the organized line 18 is not more than 33 1/3 %, check the						▶ [

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 LONE TREE INC.

85-0285251

Page 4

art IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

Miscellaneous

\$

16,697

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LONE TREE INC. 85-0285251 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

che	dule D (Form 990) 2009 LONE TREE	INC.		8 <u>5</u> .	-0285251	Page 2
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Treas	ures, or Oth	ner Similar Asset	
3	Using the organization's acquisition, accession, collection items (check all that apply)					
а	Public exhibition	d Loan	or exchange progran	ns		
b	Scholarly research	e Other	er enemange program			
c	Preservation for future generations					
4	Provide a description of the organization's colle	ctions and explain how t	hey further the orgar	nization's exemp	ot purpose in	
5	During the year, did the organization solicit or re	eceive donations of art, h	nistorical treasures, c	or other similar		п., п.,
De	assets to be sold to raise funds rather than to b				rad "Vaa" ta Farm	Yes No
Pa	ort IV Escrow and Custodial Arrar			ation answe	red tes to Form	1 990, Part
4 -	IV, line 9, or reported an am			·		
٦а	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	er assets not		П. П.
	included on Form 990, Part X?					∐ Yes ∐ No
Ь	If "Yes," explain the arrangement in Part XIV an	d complete the following	table			
					-	Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Forr	n 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV	, , ,				
	art V Endowment Funds. Comple	te if organization a	nswered "Yes" t	o Form 990	Part IV. line 10.	-, , , ,
		(a) Current year	(b) Prior year	(c) Two years b		ack (e) Four years back
12	Beginning of year balance	(4) 50.15.11) 50.1	(b) i noi you	(6) 1 110 your o	(a) Timbo youro bo	don' (dy') dai' y dai'd badin
	• •					-
þ						
С	Net investment earnings, gains,					
	and losses				-	
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs		·	<u> </u>		
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year e	nd balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
	Are there endowment funds not in the possessi	on of the organization th	at are held and adm	inistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					
_	• •	atad as required an Cabi	adula DO			3a(ii)
_	If "Yes" to 3a(ii), are the related organizations li	•				
4	Describe in Part XIV the intended uses of the o			O Dad V Ga	- 10	
۲٤	art VI Investments—Land, Buildin		· 1			(4) 6
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1	(c) Accumulated	(d) Book value
		(investment)	basis (other		depreciation	·
1a	Land		2	,909		2,909
þ	Buildings					
С	Leasehold improvements					
d	Equipment			<u> </u>		
	Other		2,653	,528	944,512	1,709,016
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X, col		·	b	1,711,925

-			_	_	_	-	_			
a	_	_	Λ	~	O	_	2	_	4	
~	7	_	.,	1.	\sim	_	1.	_	- 1	

Page 3

Part VII	Investments—Other Securities. See Form	<u>m 990, Pai</u>	rt X, line 12		
	(a) Description of security or category		(b) Book value	(c) Method of	valuation
	(including name of security)			Cost or end-of-yea	ar market value
Financial deri	vatives		-		
	equity interests				
	equity interests				
Other		}			
		🖳			
		`			
					
					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	▶			
Part VIII			ort V line 12		
Part VIII	Investments—Program Related. See For	1111 990, Fa			
	(a) Description of investment type		(b) Book value	(c) Method of	
				Cost or end-of-yea	ar market value
•					
					
				····	
		 -	····		
					
				_ _	
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. See Form 990, Part X, line	e 15.			
	(a) Descrip				(b) Book value
					
					
					
					
		_			
					
	<u> </u>				
		-			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			<u> </u>	
Part X	Other Liabilities. See Form 990, Part X,	line 25		<u></u>	<u> </u>
<u>rail A</u>		1116 23.	/h) A	<u>.</u>	
1	(a) Description of liability		(b) Amount		
Federal inco					
	on plan payable		47,259		
	payable		10,551		
Other			536		
	ages & notes payable	<u> </u>			
	<u> </u>				
		 -			
Total, (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)	>	58,346		
	, , , , , , , , , , , , , , , , , , ,		,		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 LONE TREE INC.		85-028525		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a]	
b	Donated services and use of facilities	2b		}	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	L	}	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents V	Vith Expenses per F	Return	<u> </u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d		1	
е	Add lines 2a through 2d	 -	<u> </u>	2e	
3	Subtract line 2e from line 1			3	· · · · · · · · · · · · · · · · · · ·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b	_ 45		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	irt XIV Supplemental Information] 3	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin		nd 4. Doct IV. Ivana 4h		
	the leaving part to provide the descriptions required for Part II, lines 3, 3, and 9, Part III, line 2b, Part X, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line				
	ent to provide any additional information	es zu a	nd 4b Also complete		
u no p	an to provide any additional information				
	·				
-			. – – – – –		
_					
			- 		
					. _
			· – – – – –		
			. 		
	······································				

Schedule	e D (F	orm:	990)	2009	9	ΓO	NE	: Т	RE	5 J	LNC	•										8	5 - 0	28	525	51				Page 5
Schedule Part 2	XIV	Sı	aaı	lem	ent	al lı	nfoi	rma	REI	1 (00	ontir	nuec	<u>4)</u>																	
										. (/																	
		٠																												
`-			_	_	_			_				_	_	_	-	_	_	_				_		- —		_	_	_	 	
			_	_																										
												_					_				_			_	_	_	_	_	 	
			_	_	_							_	_	_	_		_	_			-	_			_	-	_	_	 	
			_	_	_						_	_	_	_		_	_		 .							_	_	_	 	
		_	_	_	_			_				_	_	_	_	_	_	_			_	_		-	_	_	_	-	 	
			_	_	_		- ·	_				_		_	_	_	_	_			-	_		- –	_	_	_	-	 	
			_	_	_			_				_	_	_	_	_	_					_		- -	_	_	_	_	 	
	_																													
			_	_	_			_			_	_	_	_	_	_	_				_	_		-	_	_			 	
		-		_	_			_				_	_		_	_	_				-	_		- –	_	_	_	-	 	
			_	_	_			_				_	_	_	_	_	_					_			_	_	_		 	
				_	_																									
				_	_			_			_		_	_	_	_	_				_	_		_			_	_	 	
			_	_	_	- ·		_			-	_	_	_	_	_	_	_			–	_		_		_	_	_	 	
			_	_	_			_				-	_	_	_	_					-				_		_	_	 	
				_	_							_	_	_		_	_			_										
																					_	_			_	_		_	 	
		_	_	_	_			_				_	_	_	_		_	_			-	_				_	_	_	 	
				_	_			_				_	_	_	-	_	_	_			-	_			_	_	_	_	 	
			_	_	_			_				_		_	_	_	_					_			_	_	_	_	 	
			_	_	_	_		_			_	_	_	_	_		_	_			-	_		- –	_	_	_	_	 	
			_	_	_	_		_			- –	_	_	_	_		_	_	— •		-	_			_	_	_		 	
			_	_	_			_				_	_	_	_		_	_				_			_	_	_	_	 	
		_	_		_	_	_	_				_	_	_	_	_	_	_			_	_			_	_	_	_	 	
		- –	_	_	_	_	_	_			- —	_	_	_	_	_	_	_			-	_		- –	_	_	_	_	 	
			_	_	_		_	_				_	_	_	_	_	_	_				_			_	_	_	_	 	
_	_		_		_	_	_																							
		_	_	_	_	_	_	_			_		_	_	_	_	_	_	_		-	_		_	_	_	_	_	 	
			_	_	-	-	_	_			- –	_	_	_	-	_	_	_				_		- –	_	_	_	_	 	
			_	_	_	_	_	_				_	_	_	_	_	_	_	_		. —	_			_	_	_	_	 	
					_	_		_																						
		_	_		_	_	_	_				_	_	_	_	_	_	_	_		_	_			_	_	_	_	 	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

LONE TREE INC.					85-02852	
Part I Fundraising Activities. Complete it Form 990-EZ filers are not required				ered "Yes" to Forr	n 990, Part IV, lin	e 17.
1 Indicate whether the organization raised funds through a				heck all that apply		
a Mail solicitations	e Solicitation	of nor	1-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fund					
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity i					s	Yes No
b If "Yes," list the ten highest paid individuals or entities (fit to be compensated at least \$5,000 by the organization	undraisers) pursuar	nt to aç	greem	ents under which the f	undraiser is	
(i) Name of individual or entity (fundraiser)	(II) Activity	(III) Dic raiser custo contr contribi	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		ļļ				
					,	
	<u> </u>	ļ				
		<u> </u>				
Total			<u> </u>			

Page 2

P	art i			on Form 990-EZ, line							oone	a
	•	more than \$10		(a) Event #1 OPtVIII1c	Joan	(b) Event #2		(c) Other events		(d) Total e		
				(event type)	-	(event type)	 -	(total number)	 "	col (-	
Revenue	1	Gross receipts		63,951							53,9	
	3	Less Charitable contributions Gross revenue (line 1		63,951	L		:			(53,9	<u>)51</u>
		minus line 2)			┿						_	
	4	Cash prizes			\vdash							
	5	Noncash prizes			+				_			
sesue	6	Rent/facility costs		····	+							
Direct Expenses	7	Food and beverages			+-		-					
Dire	8	Entertainment			+	···		<u> </u>			_	—
	9	Other direct expenses			\perp							
	10 11	•		nes 4 through 9 in column line 3, column (d), and line							_	
P	art l			if the organization ar		ered "Yes" to Form	990, P	art IV, line 19, c	or reporte	d more	_	
_				rm 990-EZ, line 6a.				· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Revenue				(a) Bingo	_	(b) Pull tabs/instant bingo/progressive bingo	_	(c) Other gaming		Total gam		
— Be	1	Gross revenue			igspace							
ses	2	Cash prizes	·		┿			117 th				
Expenses	3	Noncash prizes			<u> </u>				_	. .		
Direct	4	Rent/facility costs		···	_							
	5	Other direct expenses	<u> </u>	Yes %	 	Voc	9/	Yes	%			
	6	Volunteer labor		No		Yes No	%	No	76			
	7	Direct expense summary	y Add I	ines 2 through 5 in column	(d)				•)
_	8	Net gaming income sum	mary (Combine line 1, column d, a	and lin	ne 7			>	-		
9			_	nization operates gaming a							Yes	No
b		'No," Explain	to opera	ate gaming activities in eac	:h of ti	hese states?				9a_		
10a		ere any of the organization "Yes," Explain	n's gam	ning licenses revoked, susp	ende	d or terminated during t	he tax yea	ar?		10a		
14	Ο.	, , , , , , , , , , , , , , , , , , ,	to see	ing activities with seems	horo?					4.		
11 12			-	ing activities with nonmem iciary or trustee of a trust o			or other e	ntity		11		
_		rmed to administer charital				. III a paranoromp		· · · · · ·		12		<u>L</u> .

Schedule G (Form 990 or 990-EZ) 2009 LONE TREE INC.	85-02852	51	Р	age 3
			Yes	No
Indicate the percentage of gaming activity operated in				
a The organization's facility	13a %	<u>, </u>		
b An outside facility	13b %	<u>.</u>		
4 Provide the name and address of the person who prepares the organization's gaming/special events books				
and records				
Name ▶				
Address ►				
Does the organization have a contract with a third party from whom the organization receives gaming				
revenue?		15a	L	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
amount of gaming revenue retained by the third party ▶ \$		1		
c If "Yes," enter name and address of the third party				ļ
Name ▶				
Address ▶				
6 Gaming manager information				
Name ►				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
Director/officer Employee Independent contractor				
7 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent		1		
in the organization's own exempt activities during the tax year ▶ \$		ľ		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

LONE TREE INC.

Employer identification number 85 - 0285251

Form 990, Part III, Line 4d - All Other Achievements
Same as first purpose, depreciable assets only

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Timothy Worrell Charlene Worrell

President

Secretary

Husband & Wife, Co-Founders

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The president of the organization reviews the 990 prior to filing the form.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The entire compensation package is set and approved by the board of directors, and is recorded in the board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public at the Capitan, NM office. The Form 990 is available through the Guidestar nonprofit website.

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return

Attachment Sequence No Identifying number

	LONE TI	REE INC.			_			85-	028	5251
	ess or activity to which this form relates									. "
	ndirect Depreciati									
Pa	rt I Election To Expen									
	Note: If you have a				efore you	com	plete Pa	art I.		
1	Maximum amount See the instruc			sses					1	250,000
2	Total cost of section 179 property	•	•						2	
3	Threshold cost of section 179 prop		· ·	nstruction	ns)				3	800,000
4	Reduction in limitation Subtract lir							-	4	
5	Dollar limitation for tax year Subtract lin (a) Description								5	
6	(a) Description	n or property		(b) Cosi ((business use	only)	(C) E	lected cost		
										
7	Listed property Enter the amount	from line 29				7				
8	Total elected cost of section 179 p		s in column (c) lines	c 6 and 7	7		<u> </u>	·	8	
9	Tentative deduction Enter the small	, ,	• • •	S U and I	•			ł	9	
10	Carryover of disallowed deduction							}	10	
11	Business income limitation Enter	,		than zer	n) or line 5	(see in	etri ictione	, }	11	
12	Section 179 expense deduction A					(300 11	istructions,	' l	12	
13	Carryover of disallowed deduction	•			• I	13				.
	Do not use Part II or Part III below						-			·
Pa	rt II Special Depreciat	on Allowance a	nd Other Depre	eciatio	n (Do no	t incl	ude liste	d prope	rtv.)	(See instr.)
14	Special depreciation allowance for									
	during the tax year (see instruction								14	
15	Property subject to section 168(f)(1) election							15	
16	Other depreciation (including ACR	(S)							16	97,435
<u>Pa</u>	rt III MACRS Depreciat	ion (Do not inclu	ide listed prope	erty.) (S	See instru	uction	ıs.)			
			Section	on A						
17	MACRS deductions for assets place	ced in service in tax y	ears beginning befo	ore 2009)			_	17	11,827
18	If you are electing to group any assets p									
	Section B—	Assets Placed in Se			r Using the	Gene	ral Deprec	iation Sys	tem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investment only-see instruction	nt use	(d) Recovery period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property									
<u>b</u>	5-year property	_	~							
<u> </u>	7-year property	4								·
<u>d</u>	10-year property	4								
<u>e</u>	15-year property	4				ļ				
<u> </u>	20-year property	4	ļ							
<u>g</u>	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs		MM	S/L		
	property				27 5 yrs	<u> </u>	MM	S/L		
i	Nonresidential real property				39 yrs		MM	S/L		
	<u> </u>	ssets Placed in Serv	rice During 2000 To	ov Voor	Hoine the f	\ <u>\</u>	MM Dans	S/L		
200		issets Flaced III Serv	le burng 2009 17	ax rear	Using the A	literna	tive Depre	Γ-	ystem	
	Class life 12-year	1			10			S/L		
	40-year	 		1	12 yrs	 	NANA	S/L		
	rt IV Summary (See ins	tructions \	<u> </u>		40 yrs	l	MM	S/L		
21	Listed property Enter amount from				-				04	
22	Total. Add amounts from line 12,		nos 10 and 00 in as	oluma /-	\ and line 0	1 [-4	or boro		21	
~~	and on the appropriate lines of you	-			•	i Enti	ei nere		22	109,262
23	For assets shown above and place		•		manuchons		 -		22	103,202
	portion of the basis attributable to	_	ie curierii year, erii	ei iile		23				
	position of the basis attributable to	COUNTY EUGA COSIS				23				

orm	4562 (2009)					_									Page 2
P	art V	Listed Prope	erty (Include a	automobil	es, cer	taın o	ther ve	hicles	, cellul	ar tele	phone	s, cert	ain co	mpute	rs, and	
			d for entertair chicle for which yo							ease ex	nense o	omplete	only 24	a		
	1	24b, columns (a) through (c) of Se	ection A, alf	of Section	n B, an	d Sectio	n C ıf ap	<u>plicable</u>							
		Section A	—Depreciation a	nd Other In	formatio	n (Cau	tion: Se	e the ins	tructions	for limi	s for pas	ssenger	automo	biles)		
4a	Do you ha	ive evidence to suppo		stment use cla	umed?	, l .	Yes	No	24b	If "Yes,"	is the ev	<u>vidence v</u>	vritten?		Yes	No
	(a)	(b)	(c) Business/	(d)			(e)		(f)		(g)		(h)		(i	-
	of property t vehicles	Date placed in service	investment use percentage	Cost or bas			s for depri iness/inve	estment	Recovery	, i	lethod/ nvention	'	Depreciati deductio		Elected 179	
	first)	<u> </u>					use only			<u> </u>						
5		depreciation allow	•					ing the				_				
_		and used more the				ee instru	ictions)_				25	<u> </u>		·	<u></u>	
6	Property	used more than 5	I a qualified	<u>business us</u>	se											
_			%			 				+-						
7	Proporty	used 50% or less	up a qualified bus						l							
<u>'</u>	Property	dised 30 % of less	III a qualified bus	siliess use		Τ			r	1				-		
										S/L	-					
			/8			 				1 3/1		1		•		
			%							S/l		Ì				
8	Add amo	ounts in column (h). lines 25 through	n 27 Enter I	nere and	on line	21. page	e 1		1 -	28	3				
9		ounts in column (i)					,					- 1		29		
					tion B—		tion on	Use of \	/ehicles							
Con	nplete this	section for vehicle	s used by a sole	proprietor, p	artner, o	r other '	more th	an 5% o	wner," oi	related	person	If you pr	ovided	vehicles		
o yo	ur employee	es, first answer the qu	estions in Section C	to see if you	meet an ex	ception t	o comple	ting this se	ection for	those veh	icles					
10	Total bu	siness/investment	miles driven		(a	1)	(1	b)	(c)	(4	d)	(e)	(1	f)
	during th	ne year (do not ind	clude		Vehic	cle 1	Veh	icle 2	Veh	cle 3	Vehi	icle 4	Veh	icle 5	Vehi	cle 6
	commut	ıng mıles)														
31	Total co	mmuting miles driv	ven during the yea	ar			ļ									
32	Total oth	ner personal (nonc	commuting) miles	drıven							ļ					
33	Total mi	les driven during t	he year Add				}		1		}				l	
	lines 30	through 32			ļ		<u> </u>			1	ļ	,		_		
34	Was the	vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes_	No
		ng off-duty hours?								ļ					ļ	
35		vehicle used prim	, ,					1								
		an 5% owner or re	•				ļ							-		
36	Is anoth	er vehicle availabl					ļ		<u> </u>		<u> </u>	L	L.,	<u> </u>	<u> </u>	L
			Section C—Qu							-						
		questions to deter	-	•	n to com	pleting S	Section E	3 for veh	iicles use	ed by en	nployees	who are	not			
		owners or related			~											
37	-	maintain a written	policy statement	nat pronibit	s all pers	onai us	e or veni	icies, inc	iuaing c	ommutir	ig, by				Yes_	No
00	•	ployees?	naliav statament i	that probabil	o norcon	al uaa a	fuobiolo		t commi	itina hi	MOUE					
38	-	maintain a written ees? See the instri									•					
39	-	treat all use of veh		-		OHICEIS	, unecto	15, 01 1 /	8 01 111011	e owner:	•					ļ.
10	-	provide more than				ın ınforn	nation fr	om vour	employe	es aboi	it the					
••	-	ne vehicles, and re					ilation in	om your	Ciripioye	os abol	20 010					
41		meet the requirem				demons	stration i	ise? (Se	e instruc	tions)						
••	•	your answer to 37	-	•				•			:					
Р	art VI	Amortizatio									<u>-</u>					
								/a\			, [(e)			<i>(4</i>)	
		(a)		(b Date amo				(c) ortizable		Co		Amortiza period		Amortiza	(f) ation for th	ıs year
		Description of cost	s 	beg				mount		sec		percent				
42	Amortiz	ation of costs that	begins during you	ır 2009 tax	year (see	instruc	tions)									
										}						
										<u> </u>						
43	Amortiz	ation of costs that	began before you	ır 2009 tax y	/ear								43			10
																10

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

•								·
Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	Per	Conv Meth	Prior	Current
 								
	<u>MACRS:</u> BUILDINGS - LONE TREE	1/01/91	62.679	62 670	21	NANA C/I	20 140	1 567
21	BUILDINGS	7/01/91	22.003	22,003		MM S/L MM S/L	28,140 9,053	1,567 550
22	1977 CHEVY ONE TON	7/01/92	3,200	3,200	5	HY S/L	3,200	0
23	1978 CHEVY 4WD	7/01/92	4.000	4,000	5	HY S/L	4,000	0
27 28	BUILDINGS 1990 DODGE VAN	7/01/93 7/01/93	14,521		39	MM S/L HY S/L	5,612	363
29	1982 DODGE VAN	7/01/93	9,064 3,500	9,064 3,500	<i>5</i>	HY S/L HY S/L	9,064 3,500	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
31	LODGE BUILDING	7/01/94	28,360			MM S/L	10,251	709
	SHOWER HOUSE	7/01/94	227	227	39	MM S/L	82	6
40	GRAVEL Sold/Scrapped 12/31/09	7/01/95	114	114	10	HY S/L	114	0
44	A-FRAME CABIN	7/01/94	31,034	31,034	39	MM S/L	11,218	776
45	TRAIN	7/01/94	9,818	9,818	10	HY S/L	9,818	0
46	LODGE IMP	7/01/94	1,387	1,387	39	MM S/L	501	35
47 48	ROPES COURSE RV PARK	7/01/94 7/01/94	3,282 454			HY S/L	3,282	0
49	PIPE & GRAVEL	10/27/94	344	454 344		HY S/L HY S/L	454 344	0
	Sold/Scrapped 12/31/09			₩		111 5.2	277	J
53	LODGE IMPROVEMENTS	7/01/95	4,208	4,208	39	MM S/L	1,416	105
54 55	TRUCK BUILDINGS	7/01/95 7/01/97	6,000	6,000	20	HY S/L	6,000	0
	FLAG POLE	10/18/96	42,446 211	42,446		MM S/L HY 200DB	12,159 211	1,061 0
61	BUILDINGS	12/18/96	3,000	3,000			926	77
	BUILDINGS	11/21/96	25,695	25,695	39	MM S/L	7,989	658
	TRUCK (LAWSON) TRACTOR (B&E)	7/09/96 7/24/96	2,525	2,525	5	HY 200DB	2,525	0
	GOLF CART/TRAILER	7/24/96 3/07/96	4,500 100	4,500 100		HY 200DB HY 200DB	4,500 100	0
67	SALAD BAR	7/01/97	1,000	1,000		HY 200DB	1,000	0
	87 DIESEL TRUCK	7/01/97	950	950	5	HY S/L	950	0
120	BUILDINGS - FORT LONE TREE	1/01/91	84,761			MM S/L	38,054	2,119
123 124	BUILDINGS 1987 DODGE VAN	7/01/92 7/01/92	12.337 4.500	12,337 4,500	31	MM S/L HY S/L	5,076 4,500	309
127	BUILDINGS	7/01/93	11,920			MM S/L	4,500 4,607	0 298
	ICE MACHINE	7/01/94	1.200	1,200	7	HY S/L	1,200	0
122	Sold/Scrapped: 12/31/09	2/07/04						
133	WATER LINE Sold/Scrapped. 12/31/09	2/07/94	951	951	10	HY S/L	951	0
135	DINING HALL	7/01/95	20,970	20,970	39	MM S/L	7,055	525
138	WAGON/PLOW	7/24/96	650	650		HY 200DB	650	0
120	Sold/Scrapped. 12/31/09	=101107	** 200	< 	- 0			
139 142	BUILDINGS DINING TABLES	7/01/96 7/01/97	66,222 914	66,222		MM S/L	21,154	1,698
143	KITCHEN EQUIPMENT	7/01/97 7/01/97	914	914 904		HY 200DB HY 200DB	914 904	0
	Sold/Scrapped 12/31/09				•	111 20000	707	J
144	COMPUTER	7/01/97	1,009	1,009	5	HY S/L	1,009	0
146	Sold/Scrapped 12/31/09 HORSE TACK	7/01/07	220	220	7	11V 200DD	220	0
140	Sold/Scrapped 12/31/09	7/01/97	230	230	1	HY 200DB	230	0
147	WATER SOFTENER	7/01/97	1,170	1,170	7	HY 200DB	1,170	0
	Sold/Scrapped: 12/31/09		,					
148	GATES Sold/Sarapped 12/31/00	7/01/97	248	248	7	HY 200DB	248	0
167	Sold/Scrapped 12/31/09 BUILDINGS - LAKE	1/01/91	253	253	31	MM S/L	113	7
	HOUSE BOAT	7/01/91	800			HY S/L	113 800	7 0
171	BUILDINGS	7/01/92	9,535	9,535	31	MM S/L	3,923	238
	BUILDINGS	7/01/93	7,143	7,143	39	MM S/L	2,761	178
	LEG REPAIR LEASEHOLD IMPROVEMENTS	7/01/93 7/01/93	782 10,227	782		HY S/L	782	0 256
	BUILDING IMPROVEMENT	7/01/93	1,365			MM S/L MM S/L	3,952 493	256 34
181	1974 TRAVEL TRAILER	2/23/94	5.000			HY S/L	5,000	0
,,,	Sold/Scrapped 12/31/09							
182 183	1984 INTERNATIONAL BUS GRAVEL BANK REINFORCEMENT	3/17/94 9/01/94	3,188 819	3,188		HY S/L	3,188	0
10.5	Sold/Scrapped 12/31/09	9/01/94	919	819	10	HY S/L	819	0
184	TABLES	7/01/95	139	139	7	HY S/L	139	0
	Sold/Scrapped: 12/31/09							·
187	BUILDINGS	11/18/96	1,473			MM S/L	458	38
188	BOATS	11/18/96	12,044	12,044	′	HY 200DB	12,044	0

11/02/2010 2:14 PM

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr PerConv Meth Prior Current
189	SEA WASP TABLES	7/01/97 7/01/97	1,853	1,853 7 HY 200DB 1,853 0 381 7 HY 200DB 381 0
190	Sold/Scrapped 12/31/09 WATER TOY	7/01/97	81	81 7 HY 200DB 81 0
192 193 194 207 208 209	Sold/Scrapped 12/31/09 STAFF HOUSING 1979 FORD BRONCO BARGE 25' McGREGOR SAILBOAT CONCESSION TRAILER RACKS	7/01/97 7/01/97 7/01/97 5/02/96 9/03/96 5/16/96	6,548 2,500 4,000 4,500 2,176 875	6,548 39 MM S/L 1,876 163 2,500 5 HY S/L 2,500 0 4,000 7 HY 200DB 4,000 0 4,500 7 HY 200DB 4,500 0 2,176 7 HY 200DB 2,176 0 875 7 HY 200DB 875 0
210	COMPUTER Sold/Scrapped 12/31/09	7/01/97	2,583	2.583 5 HY S/L 2,583 0
211	SOFTWARE Sold/Scrapped 12/31/09	7/01/97	5,000	5,000 5 HY S/L 5,000 0
212	TOOLS Sold/Scrapped 12/31/09	7/01/97	778	778 7 HY 200DB 778 0
213 214	SEA WASP INNER TUBES Sold/Scrapped 12/31/09	7/01/97 7/01/97	1.420 170	1,420 7 HY 200DB 1,420 0 170 7 HY 200DB 170 0
215 216	WATER TRAILER CABIN	7/01/97 7/01/97	1,000 2,256	1,000 7 HY 200DB 1,000 0 2,256 39 MM S/L 646 57
		=	581,497	<u>581,497</u> <u>288,442</u> <u>11,827</u>
ACRS	BUILDINGS Total ACRS Depreciation	1/01/86 _	130,133 130,133	130,133 45 MM S/L 58,914 2,862 130,133 58,914 2,862
10 11	Depreciation: LAND - FORT LONE TREE LAND - LONE TREE LAND LAND WATER TANK KITCHEN EQUIPMENT Sold/Scrapped 12/31/09	1/01/91 1/01/86 7/01/92 10/01/96 7/01/00 3/30/98	72,240 51,295 1,319 45,225 2,860 2,984	72,240 0 HY 0 0 51,295 0 HY 0 0 1,319 0 HY 0 0 45,225 0 HY 0 0 2,860 7 MO S/L 2,860 0 2,984 7 MO S/L 2,984 0
80 81 82	RIFLES (5) 4 WALLS SPECIALIZED SPORTS EQUIP	6/17/98 6/22/98 6/24/98	900 1,200 3,378	900 7 MO S/L 900 0 1,200 10 MO S/L 1,200 0 3,378 7 MO S/L 3,378 0
83	TOOLS Sold/Scrapped 12/31/09 Sold/Scrapped 12/31/09	7/16/98	123	123 7 MO S/L 123 0
84	PRESSURE PUMP Sold/Scrapped 12/31/09	9/09/98	602	602 7 MO S/L 602 0
85 86 87 88 92 93	BUILDINGS BACKHOE LAND IMPROVEMENTS KITCHEN EQUIPMENT FURNITURE & FIXTURES EQUIPMENT COMPUTER	7/01/98 7/02/98 9/22/98 7/13/99 6/10/99 9/06/99 10/29/99	30,667 2,567 2,384 3,317 997 347 2,682	30,667 40 MO S/L 8,050 767 2,567 7 MO S/L 2,567 0 2,384 0 Land 0 0 3,317 7 MO S/L 3,317 0 997 7 MO S/L 997 0 347 7 MO S/L 347 0 2,682 5 MO S/L 2,682 0
103 104 105	ROPES COURSE IMP TOOLS BUILDING IMPROVEMENTS	5/17/99 8/30/99 8/27/99 1/25/99 6/28/99 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00 7/01/00	2.527 2,742 3.285 14,744 3,000 940 352 280 1,757 48,610 1,000 581 1,095 117 10,997 10,933	2,527 7 MO S/L 2,527 0 2,742 7 MO S/L 2,742 0 3,285 7 MO S/L 3,285 0 14,744 40 MO S/L 3,655 369 3,000 7 MO S/L 3,000 0 940 7 MO S/L 940 0 352 5 MO S/L 352 0 280 5 MO S/L 280 0 1,757 5 MO S/L 1,757 0 48,610 20 MO S/L 20,659 2,431 1,000 7 MO S/L 1,000 0 581 7 MO S/L 1,000 0 581 7 MO S/L 1,000 0 1,095 7 MO S/L 1,005 0 117 7 MO S/L 1,095 0 11,095 7 MO S/L 1,095 0 11,097 30 MO S/L 3,116 366 10,933 5 MO S/L 3,116 366

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
113 150	ROAD IMPROVEMENTS SADDLE & TACK	7/01/00 3/25/98	2,737 250			10	MO S/L MO S/L	2,326 250	274
1	Sold/Scrapped 12/31/09 RADIOS (2)								0
152	Sold/Scrapped 12/31/09 RIDING LAWN MOWER	7/08/98 10/15/98	1,396		172		MO S/L	172	0
l	Sold/Scrapped 12/31/09 TOOLS	9/08/98			1,396		MO S/L	1,396	0
l	Sold/Scrapped 12/31/09		216		216		MO S/L	216	0
154 156	BUILDINGS OFFICE EQUIP	7/01/98 6/07/99	7,931 1,526		7,931 1,526		MO S/L MO S/L	2,082 1,526	198 0
157	RANGE POLE Sold/Scrapped 12/31/09	1/08/99	153		153	7	MO S/L	153	0
158	EQUIPMENT Sold/Scrapped 12/31/09	7/06/99	200		200	7	MO S/L	200	0
159	Sold/Scrapped 12/31/09 BUILDING IMPROVEMENTS	3/23/99	2,954				MO S/L	720	74
162 163	RODEO ARENA	7/01/00	1,826				MO S/L	1,552	183
164	DIRECTORS MOBILE HOME KITCHEN IMPROVEMENTS	7/01/00 7/01/00	49,170 6,286		49,170		MO S/L MO S/L	27,863	3,278
165	BUS	7/01/00	1,000		1,000		MO S/L MO S/L	1,781 1,000	210 0
195	EQUIPMENT	8/06/98	2,109		2,109		MO S/L	2,109	ŏ
196	Sold/Scrapped 12/31/09 STOVE								_
	Sold/Scrapped: 12/31/09	6/12/98	2,095		2,095	′	MO S/L	2,095	0
197 198	BUILDINGS EVINRUDE MOTOR	6/11/98 11/06/98	21,000 5,000		21,000 5,000		MO S/L MO S/L	5,556 5,000	525 0
	Sold/Scrapped 12/31/09		•					,	-
199	FF&E Sold/Scrapped 12/31/09	11/11/99	276		276	7	MO S/L	276	0
200 201	COPIER EQUIPMENT	2/02/99 3/17/99	400 2,072		400 2,072		MO S/L	400	0
201	Sold/Scrapped 12/31/09	3111199	2,072		2,072	/	MO S/L	2,072	0
	TABLE	7/01/00	375		375	7	MO S/L	375	0
203	MODEM	7/01/00	258		258		MO S/L	258	0
204	LIFE JACKETS Sold/Scrapped 12/31/09	7/01/00	235		235	7	MO S/L	235	0
205	BUILDING IMPROVEMENTS	7/01/00	7,334		7,334	30	MO S/L	2,078	244
217	COMPUTERS Sold/Sommed 12/21/00	11/18/98	818		818		MO S/L	818	0
218	TOOLS Sold/Scrapped 12/31/09	7/20/98	3,147		3,147	7	MO S/L	3,147	0
219	Sold/Scrapped 12/31/09 TRAILER	7/13/98	1,900		1 900	10	MO S/L	1,900	0
	GREEN WEANIE	4/10/98	1,500		1,500		MO S/L	1,500	0
221	Sold/Scrapped 12/31/09 LADDER RACK	6/12/98	1,036		1,036	7	MO S/L	1,036	0
222	Sold/Scrapped 12/31/09 LEASE IMPROVEMENTS	6/30/98	868		868	40	MO S/L	228	21
223	WEEDEATER Sold/Scrapped 12/31/09	8/20/99	157		157		MO S/L	157	0
224	TABLE	8/03/99	185		185	7	MO S/L	185	0
225	Sold/Scrapped 12/31/09 COPIER	6/30/99	3,414		3,414	5	MO S/L	3,414	0
226	COMPUTERS Sold/Scrapped: 12/31/09	1/26/99	5,562		5,562	5	MO S/L	5,562	0
227	Sold/Scrapped 12/31/09 TOOLS	5/04/99	344		344	7	MO S/L	344	0
	Sold/Scrapped 12/31/09								
228 229	BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS	2/12/99 2/19/99	3,386 17,503				MO S/L MO S/L	840 4,303	84
	WATERFRONT TRAILER	6/07/99	2,194		2,194		MO S/L	2,194	437 0
231	LEASEHOLD IMP	6/25/99	1,740		1,740	40	MO S/L	413	44
	PELLET STOVE	7/01/00	920		920	7	MO S/L	920	0
	COPY MACHINE	7/01/00	2,628		2,628		MO S/L	2,628	0
	TOOLS CABIN IMPROVEMENTS	7/01/00 7/01/00	495 780		495	7		495	0
	2 Saddles	8/13/01	400		780 400		MO S/L MO S/L	221 400	26 0
238	Mattresses & misc	6/10/01	1,846		1,846		MO S/L	1,846	0
	Walk in cooler	4/26/01	762		762	7	MO S/L	762	ŏ
	Miscellaneous	8/17/01	212		212		MO S/L	212	0
241	Sign	3/29/01	2,896		2,896	7	MO S/L	2,896	0

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

,							_
Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	ParCany Math	Drior	Current
	Chairs	3/30/01	160		PerConv Meth	Prior _	Current
243	WATER FILTER SYSTEM	5/07/01	494	160 494	7 MO S/L 7 MO S/L	160 494	0
	REFRIGERATOR	6/15/01	3,136	3,136	7 MO S/L	3,136	ŏ
	GAS GRILL COOLER COMPRESSOR	6/26/01 7/30/01	4,092 1,276	4,092	7 MO S/L	4.092	0
247	MISCELLANEOUS	10/05/01	132	1,276 132	7 MO S/L 7 MO S/L	1,276 132	0 0
248	VACUUM	6/01/01	280	280	7 MO S/L	280	ŏ
249	MISCELLANEOUS WALK IN COOLER	9/18/01	307	307	7 MO S/L	307	0
	SHELVES	6/11/01 7/25/01	1,864 734	1,864 734	7 MO S/L 7 MO S/L	1,864 734	0
252	TABLE & CHAIRS	4/03/01	460	460	7 MO S/L	460	ő
	FLOORING	4/03/01	397	397	7 MO S/L	397	0
	COMPUTER EQUIPMENT	6/04/01 8/31/01	1,700	1,700	5 MO S/L	1,700	0
256	MECHANICAL BULL	6/04/01	3,244 3,793	3,244 3,793	7 MO S/L 7 MO S/L	3,244 3,793	0
257	DRILL & BITS	6/18/01	331	331	7 MO S/L	331	ŏ
	COME ALONG	6/21/01	49	49	7 MO S/L	49	0
	ALARM SYSTEM CABIN IMPROVEMENTS	6/06/01 10/23/01	650 13,848	650 13,848	7 MO S/L 40 MO S/L	650 2,481	0
	TRAIN CAR IMPROVEMENTS	8/03/01	2,299	2,299	10 MO S/L	1,705	346 230
	DIESEL BUS	10/02/01	5,500	5,500	7 MO S/L	5,500	0
	MATTRESSES CHAIRS	5/21/02 8/03/02	170	170	7 MO S/L	160	10
	COUCH	11/15/02	1,564 2,000	1,564 2,000	7 MO S/L 7 MO S/L	1,434 1,762	130 238
269	POLE / WIRE	4/26/02	1,102	1,102	7 MO S/L	1,050	52
	SHELVES	5/27/02	163	163	7 MO S/L	153	10
	TABLES (2) COMPRESSOR	12/09/02 5/14/02	201 1,594	201 1,594	7 MO S/L 5 MO S/L	175	26
	COMMERCIAL REFRIGERATOR	9/30/02	1,804	1,394	5 MO S/L	1,594 1,804	0 0
274	COMMERCIAL FREEZER	9/30/02	2,402	2,402	5 MO S/L	2,402	0
	SHELF	11/23/02	17	17	7 MO S/L	15	2
	KITCHEN EQUIP - PANS COPY MACHING	12/09/02 5/31/02	188 597	188 597	5 MO S/L 5 MO S/L	188 597	0
278	SADDLE	4/30/02	300	300	5 MO S/L	300	ő
279	SAFETY HELMETS	4/30/02	200	200	5 MO S/L	200	0
	RADIOS SPRAYER	12/11/02 8/13/02	1,053 981	1,053 981	5 MO S/L	1.053	0
283	COMPRESSOR	2/28/02	267	267	5 MO S/L 5 MO S/L	981 267	0 0
284	LADDER	4/26/02	301	301	5 MO S/L	301	ŏ
	TOOLS COMPRESSOR	12/06/02	191	191	5 MO S/L	191	0
286 287	TOOLS	8/03/02 7/18/02	404 600	404 600	5 MO S/L 5 MO S/L	404 600	0 0
288	STOVE	3/28/02	440	440	5 MO S/L	440	0
289	VACUUM	11/09/02	222	222	5 MO S/L	222	0
290 291	USED FREEZER	5/05/02	75	75	7 MO S/L	71	4
	2 USED AIR CONDITIONER REFRIGERATOR	5/14/02 6/16/02	50 444	50 444	7 MO S/L 5 MO S/L	48 444	2 0
293	TABLES	5/15/02	536	536		510	26
	WAKE BOARD	8/03/02	196	196	5 MO S/L	196	0
	COMPRESSOR REFRIGERATOR	8/03/02 5/15/02	206 65	206		206	0
297	CABIN IMPROVEMENTS	6/21/02	2,904	65 2.904	5 MO S/L 40 MO S/L	65 472	0 73
298	MOBILE CABIN	3/20/02	21,863	21,863	40 MO S/L	3,689	547
	HAY BARN	8/29/02	5,000		40 MO S/L	792	125
301	IMPROVEMENS CABOOSE DUMP TRUCK	6/28/02 6/06/02	356 1,380	356 1,380	40 MO S/L 5 MO S/L	58 1,380	9 0
302	6 X 6 TRUCK	4/16/02	4,000	4,000		4,000	0
303	SPORTS EQUIP TRAILER	8/03/02	2,699	2,699	5 MO S/L	2,699	0
	COACH BUS ROAD IMPROVEMENTS	4/10/02	34,000	34,000		34,000	0
	ROAD IMPROVEMENTS	12/23/02 12/26/02	276 8,827		10 MO S/L 10 MO S/L	166 5,296	27 883
307	13 MOUNTAIN BIKES	5/06/02	6,357	6,357		6,357	003
200	Sold/Scrapped 12/31/09	1					
	Livestock (net) FORT FURNITURE	7/02/03	422	422		331	60
	MEXICO FURNITURE	4/09/03 5/12/03	1,247 207	1,247 207	7 MO S/L 7 MO S/L	1,024 168	179 29
311	KITCHEN EQUIPMENT	3/18/03	834	834	7 MO S/L	685	119
	KITCHEN EQUIPMENT	5/30/03	434	434	7 MO S/L	346	62
313	KITCHEN EQUIPMENT OFFICE EQUIPMENT	8/20/03 3/05/03	716 99	716		546	102
	COMPUTER EQUIPMENT	9/10/03	3,093	99 3,093		82 3,093	15 0
	•		,	2,070		2,075	Ŭ

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

١	D	Date		Bus Sec Basis	5 0 11 11	_	
Asset	Description	In Service	Cost	% 179Bonus for Depr	PerConv Meth	Prior	Current
316	COMPUTER EQUIPMENT	2/19/03	2,187	2,187	5 MO S/L	2,187	0
317	VIDEO PROJECTOR	6/25/03	2.189	2,189	7 MO S/L	1,720	312
318	TACK	6/19/03	67	67	7 MO S/L	53	9
320	VARIOUS TOOLS & EQUIP	7/01/03	6.203	6,203	7 MO S/L	4.874	886
321	NEW KITCHEN	4/15/03	127,818	127,818		73,495	12,782
	REMODEL OFFICE	3/06/03	3,735	3,735		2,179	373
323	DORM IMPROVEMENTS SHOP BLDG IMPR	6/12/03 5/19/03	6,986		30 MO S/L	1,300	233
324	96 DODGE 4X4	2/28/03	2,473 11,000	2,473 11,000		1,381 11,000	247 0
326	16X80 MOBILE HOME	3/30/03	18,144	18,144		6,955	1,210
327	HORSE TRAILER	3/19/03	2,000	2,000		1,643	286
328	16X80 MOBILE HOME	5/07/03	14,900	14,900		5,629	993
329	BUS	6/06/03	1,000	1,000		798	142
330	VAN	9/15/03	3,800	3,800	5 MO S/L	3,800	0
331	PIPE FOR CORRALS	3/26/03	1,529	1,529	7 MO S/L	1,256	219
332	WELL (1/2)	8/18/03	11,388	11,388	10 MO S/L	6,074	1,138
333	KITCHEN EQUIPMENT	6/25/04	100	100		64	15
334	HORSES/LIVESTOCK	5/28/04	3,610	3,610		3,309	301
335	HORSE TRAILER	7/09/04	1,000	1,000		643	143
336	KITCHEN EQUIPMENT	7/15/04	5,387	5,387		2,424	539
337	MATTRESSES	5/12/04	220	220	7 MO S/L	147	31
338	OFFICE EQUIPMENT	8/15/04	379	379	5 MO S/L	334	45
339	KITCHEN IMPROVEMENTS	10/25/04	25,178	25,178		3,497	839
340	WATER SLIDE	10/25/04	12,125	12.125		5,052	1,212
341	IMPROVEMENTS-STOCKADE WALL IMPROVEMENTS TO WELL	10/25/04 12/15/04	12,768 1,190	12,768		5,320 486	1,277 119
342	KITCHEN EQUIPMENT	3/18/04	3,003	1,190 3,003		2,038	429
343	COMPUTER	1/10/04	2,934	2,934	5 MO S/L	2,036	0
345	SOUND SYSTEM	6/12/04	349	349		320	29
347	TOOLS	4/30/04	713	713		476	102
349	CAVCO MOBILE HOME/24'X52'	5/19/04	43,429	43,429		4,976	1,086
350	BUILDING IMPROVEMENTS-CHAPEL		36,526	36,526	30 MO S/L	4,870	1,218
351	CHEVY PICKUP 1973	7/19/04	600	600		530	70
	MATTRESSES	5/12/04	1,980	1,980		1,320	283
353	GRILL	5/10/04	300	300	5 MO S/L	280	20
354	BUILDING IMPROVEMENT	4/11/04	212	212		33	8
355	BUS-1988 BLUE BIRD	12/10/04	4,000	4,000		3,267	733
356		12/10/04	4,000	4,000		3,267	733
357	VAN	6/26/04	8,500	8,500		5,464	1,215
360		5/26/05	150	150		108	30
361	BEDS & MATTRESSES	7/01/05	1,401	1,401		700	200
362	REFRIGERATOR	3/21/05	972	972		521	139
363	MIXER & OTHER	1/31/05	465	465		260	66 129
364	REFRIGERATOR	4/01/05	1.800	1,800	7 MO S/L	964	129
265	Sold/Scrapped 7/01/09 POTS & PANS	3/21/05	80	80	7 MO S/L	43	11
366	OFFICE EQUIPMENT	12/07/05	225	225		139	45
	WIRELESS PHONE CARD	3/31/05	118	118		88	24
	COPY MACHINE	10/27/05	4,395	4,395		2,784	8 7 9
	VIDEO CAMERA	7/07/05	3,029	3,029		2,120	606
372		1/14/05	1,707	1,707		976	243
373		8/25/05	1,452	1,452		691	208
	TOOLS	7/01/05	307	307		153	44
375		4/04/05	2,000	2,000		1,071	286
376		7/07/05	27,099	27,099		9,485	2,710
377		2/11/05	71	71		40	10
378	FIRE ENGINE	5/25/05	2,615	2,615	7 MO S/L	1,339	373
379	GRAVEL-ROAD IMPR	10/14/05	1,025	1,025		333	103
380	GRAVEL-ROAD IMPR	7/21/05	108	108		37	11
381		8/25/05	1,020	1,020		486	145
	CHAPEL	7/01/05	198,752	198,752		17,391	4,969
383		5/23/06	598	598	S 5 MO S/L	309	119
201	Sold/Scrapped 12/31/09		1.070	1.000	7 140 07	702	201
386		7/07/06	1,968	1,968		703	281
	KITCHEN EQUIPMENT	7/20/06	1,764	1,764		609	. 252
	KITCHEN STOVE	11/20/06 8/11/06	1,200 1,525	1,200 1,525		357 737	172 305
	OFFICE EQUIPMENT COMPUTER PHONE	10/27/06	1,323	449		195	90
301	COMPUTER	12/08/06	936	936		390	187
393		12/29/06	21,836	21,836		6,239	3,119
394	WATER SLIDE IMPR	8/16/06	946	946		315	136
1 "			,.0	,		2.2	
1							

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

		_	<u>-</u> .	_	-		
Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
395	TOOLS	9/14/06	1,268	1,268	7 MO S/L	423	181
396	TOOLS	9/12/06	379	379	7 MO S/L 7 MO S/L	126	54
397	GOLF CARTS - 2	6/16/06	2,800	2,800	7 MO S/L	1,000	400
	ROAD IMPROVEMENTS AIR CONDITIONING-OFFICE	4/30/06 7/22/06	60 4,265		10 MO S/L	16	6
	BUILDING IMPROVEMENTS	7/01/06	203,495	4,265 203,495	7 MO S/L 40 MO S/L	1,472 12,718	610 5,088
401	WATER TANKER TRAILER	1/06/06	2,500	2,500	7 MO S/L	1,071	358
402	WATER WELL	10/02/06	7,000		20 MO S/L	788	350
	ROAD IMPROVEMENTS HORSE	8/22/06 12/20/07	688 550	688 550	10 MO S/L 5 MO S/L	161 110	68 110
	KITCHEN EQUIPMENT	6/22/07	340	340	7 MO S/L	73	48
410	FREEZER	6/22/07	2,795	2,795	7 MO S/L	599	399
411	KITCHEN EQUIPMENT	3/12/07	83	83	7 MO S/L	22	12
412 413	FREEZER SPA	6/22/07 6/21/07	2,795 1,000	2,795 1,000	7 MO S/L 7 MO S/L	599 214	399 143
	POPCORN CART	6/29/07	214	214	7 MO S/L	46	31
415	2 SPEAKERS	6/29/07	928	928	7 MO S/L	199	132
	OHTER EQUPMENT	9/05/07	222	222	7 MO S/L	42	32
	BIKES TOOLS	11/14/07 6/15/07	581 324	581 324	5 MO S/L 7 MO S/L	136 73	116 46
419	BUS ROOF RACK	6/09/07	2,862	2,862	5 MO S/L	906	572
	TOOLS	11/12/07	191	191	7 MO S/L	32	27
421 422	FORT GYM WATER SLIDE - RANCH	10/30/07	78,695		39 MO S/L	2,354	2,018
	1997 CHEV SUBURBAN	11/20/07 1/15/07	41,892 3,500	41,892 3,500	10 MO S/L 5 MO S/L	4,538 1,400	4,190 700
424	1995 BLUEBIRD BUS	2/08/07	4,500	4,500	5 MO S/L	1,725	900
	WATER WELL	4/11/07	18,239	18,239	10 MO S/L	3,192	1,824
	PIGS FFE	12/31/08 12/31/08	130 404	130	5 MO S/L	0	26 58
	CHAIRS	12/31/08	404	404 40	7 MO S/L 7 MO S/L	$0 \\ 0$	58 6
429	FREEZER	12/31/08	1,039	1,039	7 MO S/L	ŏ	148
430	FFE	12/31/08	307	307	7 MO S/L	0	44
431 432	FFE FFE	12/31/08 12/31/08	720 14	720 14	7 MO S/L 7 MO S/L	0	103
433	COMPUTERS	12/31/08	6,670	6,670	5 MO S/L	0	1,334
434	BIKES	12/31/08	4,104	4,104	5 MO S/L	ŏ	821
	AIR HOCKEY TABLE	1/17/08	200	200	7 MO S/L	26	29
436 437	TOOLS FFE	4/24/08 9/16/08	48 91	48 91	7 MO S/L 7 MO S/L	5 3	6 13
	GYM & OTHER	12/31/08	73,665		39 MO S/L	0	1,889
439	WATERSLIDE	12/31/08	84,512	84,512	10 MO S/L	Ö	8,451
440	BUILDING IMPROVEMENTS	12/31/08	11,415		39 MO S/L	0	293
441 442	LAND IMPROVEMENTS WELL PUMP	12/31/08 5/09/08	525 1,767	525 1,767	0 Land 7 MO S/L	0 168	0 253
443	3 HORSES	7/01/09	2,323	2,323	5 MO S/L	0	232
444	29 MATTRESSES	7/01/09	2,140	2,140	7 MO S/L	0	153
445	REFRIGERATOR	7/01/09	680	680	7 MO S/L	0	49
446 447	WATER TANK KITCHEN THERMOMETER	7/01/09 7/01/09	526 90	526 90	7 MO S/L 7 MO S/L	0	38 6
448	OFFICE EQUIPMENT	7/01/09	94	94	7 MO 3/L 7 MO S/L	0	7
449	FAX MACHINE	7/01/09	159	159	5 MO S/L	Ô	16
450 451	PHONE SYSTEM COMPUTER	7/01/09 7/01/09	613	613	5 MO S/L	0	61
451	HOT TUB	7/01/09 7/01/09	1,550 5,387	1,550 5,387	5 MO S/L 7 MO S/L	0	155 385
453	TOOLS	7/01/09	282	282	7 MO S/L	ő	20
454	DIESEL GENERATOR	7/01/09	993	993	7 MO S/L	0	71
455	2 VACUUMS	7/01/09	280	280	7 MO S/L	0	20
456 457	3 TABLES GYMNASIUM	7/01/09 7/01/09	239 35,120	239 35,120	7 MO S/L 40 MO S/L	0	17 439
458	HVAC DINING HALL	7/01/09	9,632	9,632	7 MO S/L	ŏ	688
459	BUILDING IMPROVEMENTS	7/01/09	5,987	5,987	40 MO S/L	0	75
460 461	WATERSLIDE CABIN	7/01/09	50,160		15 MO S/L	0	1,672
461	HOT TUB PLANS	7/01/09 7/01/09	1,000	500	40 MO S/L 7 MO S/L	0	13 36
463	BUILDING IMPROVEMENTS	7/01/09	9,954	9,954		0	124
1	Total Other Depreciation		2,016,965	2,016,965		559,175	94,573
I	· F						,,,,,,,
	Total ACRS and Other Depre	ciation	2 147 000	2 147 000		610 non	07 425
	Total ACKS allu Other Depre	CIAUUII	2,147,098	2,147,098		618,089	97,435

85-0285251

FYE: 12/31/2009

Federal Asset Report Form 990, Page 1

Asset Amorti	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	ROGRAMS	3/27/06	175	_	175	3 MOAmort	165	10
		=	175	z	175		165	10
	Grand Totals Less: Dispositions and Tr	ansfers	2,728,770 72,158		2,728,770 72,158		906,696 71,033	109,272 248
	Less: Start-up/Org Expen	nse _	0	-	0		0	0
	Net Grand Totals	=	2,656,612	=	2,656,612		835,663	109,024

Form 8868 (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File	a separate application for each return.								
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box											
	 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 										
-			automatic 3-month extension on a previously filed For	•							
Pattle			Only submit original (no copies needed)								
	equired to file	Form 990-T and requesting an automat	ic 6-month extension—check this box and complete	. \Box							
Part I only		· · · · · · · · · · · · · · · · · · ·		▶ ⊔							
All other corpor time to file inco			s, and trusts must use Form 7004 to request an exten	sion of							
			8868 if you want a 3-month automatic extension of ti								
			to file Form 990-T) However, you cannot file Form 88								
electronically if	(1) you want	the additional (not automatic) 3-month (extension or (2) you file Forms 990-BL, 6069, or 8870,	group							
		-	ust submit the fully completed and signed page 2 (Par								
8868. For more	details on the	e electronic filing of this form, visit www	irs gov/efile and click on e-file for Charities & Nonprof	its							
Type or print	Name of Ex	empt Organization		Employer identification number							
File by the	LONE 7	TREE INC.		85-0285251							
due date for filling your	Number, str Box 7	eet, and room or suite no If a PO box L 3	, see instructions								
return See instructions	City, town o	r post office, state, and ZIP code For a	foreign address, see instructions. M 88316								
Check type 0		filed (file a separate application for each									
X Form 99			Form 990-T (corporation)	Form 4720							
Form 99		<u> </u>	Form 990-T (sec 401(a) or 408(a) trust)	Form 5227							
Form 99		<u> </u>	Form 990-T (trust other than above)	Form 6069							
Form 99		<u> </u>	Form 1041-A	Form 8870							
)O-1 1		101111041-7	Form 8670							
Telephone If the orga	inization does	75-354-3322 not have an office or place of business turn, enter the organization's four digit (FAX No ► 575-354-5301 In the United States, check this box Sroup Exemption Number (GEN)								
a list with the	names and El	Ns of all members the extension will co									
until (st an automati 08/15/1 organization's calendar yea	O , to file the exempt organization return for:	equired to file Form 990-T) extension of time irn for the organization named above. The extension is	S							
	tax year begi	•• • •									
2 If this to	ax year is for l	ess than 12 months, check reason:	Initial return Final return Change	in accounting period							
	• •	or Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, enter the tentative tax,								
		ole credits. See instructions.		3a \$							
		or Form 990-PF or 990-T, enter any refu									
		ude any prior year overpayment allowe		3b \$							
		act line 3b from line 3a. Include your pay	• • • •								
•		ipon or, if required, by using EFTPS (EI	ectronic Federal Tax Payment								
	n) See instruc			3c \$							
Caution. If y for payment		o make an electronic fund withdrawal w	ith this Form 8868, see Form 8453-EO and Form 8879	9-EO							
For Privacy	Act and Pape	rwork Reduction Act Notice, see Ins	tructions.	Form 8868 (Rev 4-2009)							

Form 8868 (Re	v 4-2009)			Page 2	
 If you are fi 	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X	
	plete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8	868.			
	ling for an Automatic 3-Month Extension, complete only Part I (on page 1)			.,	
seartill 3	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).		
Type or print	Name of Exempt Organization	Employer identification number			
File by the	LONE TREE INC.	35-02	85251		
extended due date for filing the	Number, street, and room or suite no. If a P O box, see instructions Box 713	For IRS use only			
return See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions Capitan NM 88316				
X Form 99 Form 99	0-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720 0-EZ Form 990-T (trust other than above) Form 5227		Form 86		
STOP! Do not	complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 88	68.		
Telephone If the orga If this is for for the whole of the wild the manner of the whole of the wh	nization does not have an office or place of business in the United States, check this box r a Group Return, enter the organization's four digit Group Exemption Number (GEN)	accounti	ng period	▶ []	
8a If this a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		<u> </u>		
	y nonrefundable credits. See instructions	8a	\$		
	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ed tax payments made Include any prior year overpayment allowed as a credit and any				
c Balanc	paid previously with Form 8868 e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	8b	\$		
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification	8c	\$		
Under penalties it is true, correct	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my t, and complete, and that I am authorized to grepate this form	knowledge		8/09/10	

Form 8868 (Rev 4-2009)